



# Department of Environment and Conservation - Division of Superfund

## 2004 Drycleaning Facilities Registration

(OPERATIONAL CALENDAR YEAR 2003)

1. **REGISTRATION TYPE:** Initial / Revised / Renewal (Circle one) Active / Abandoned Facility (Circle one)

2. **FACILITY INFORMATION:**

Registration #: D - \_\_\_\_\_ - \_\_\_\_\_

Facility Name: \_\_\_\_\_ County: \_\_\_\_\_

Facility Address: \_\_\_\_\_ EPA ID #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Manager/Operator (name): \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Manager/Operator Address: \_\_\_\_\_ Zip code: \_\_\_\_\_

Facility Owner (name): \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Facility Owner Address: \_\_\_\_\_ Zip code: \_\_\_\_\_

Are you considered a franchisee or are you operating the facility (not the real property) under a lease or other agreement? (Yes/No) If yes, indicate the name, address and telephone number of the franchiser/lease holder : \_\_\_\_\_

Property Owner (name): \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Property Owner Address: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Active Facilities only.** Is the facility staffed by a Certified Environmental Drycleaner (CED)? (Yes/No) If yes, submit a copy of the CED certificate along with your registration form and fee.

3. **SITE INFORMATION:**

- (a) Is this an initial registration? (Yes/No) If yes, complete items 3(b) through 3(d) otherwise go to item 3(e).  
(b) Indicated the date drycleaning operations began or will begin at this location. \_\_\_\_\_  
(c) Did the facility previously operate at another location? (Yes/No) If yes, indicate location. \_\_\_\_\_  
(d) Does the facility have floor drains? (Yes/No) If yes, indicate the distance from machine/solvent areas. \_\_\_\_\_  
(e) In the past year, have there been any changes in the number or location of dry/pickup stores previously reported or was the answer to item 3(a) yes? (Yes/No) If yes, indicate dry/pickup store information in the space provided. \_\_\_\_\_

- (f) In the past year have there been any operational changes in the facility (i.e. number of machines, type of machine, type of solvent used, solvent delivery method, solvent waste disposal, etc.)? (Yes/No) If yes, complete Section 6 on page 2.

4. **SOLVENT PURCHASES:** Solvent Type: \_\_\_\_ Dense Solvents (perc), \_\_\_\_ Light Solvents (petroleum, DF2000, GreenEarth)

- (a) Did you timely submit each quarterly solvent report during the past year? (Yes/No) Do the solvent purchases identified in the quarterly reports represent all solvent that was obtained and on which the appropriate surcharge was paid? (Yes/No) If no, explain. \_\_\_\_\_  
(b) In the past year did you sell or transfer solvent to another drycleaning facility? (Yes/No) If yes, identify the date, facility and quantity of solvent sold or transferred. \_\_\_\_\_  
(c) If you reported no solvent purchases from July 1, 2002 – June 30, 2003, provide a detailed explanation of how the facility operated without additional solvent including your solvent inventory and your solvent storage capacity. \_\_\_\_\_

5. **CERTIFICATION:** I certify under penalty of law, including but not limited to penalties for perjury, that the information contained in this form and on any attachments is true, accurate and complete to the best of my knowledge, information and belief.

\_\_\_\_\_  
Signature of Owner/Manager or Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**COMPLETE SECTION 6 ONLY IF YOU INDICATE "YES" TO AT LEAST ONE OF THE FOLLOWING:**

- ❖ This is an initial registration (the facility has just begun operation or has resumed operation after being inactive for more than 12 months)
- ❖ There have been operational changes in the facility in the past year (i.e. number of machines, type of machine, type of solvent used, solvent delivery method, solvent waste disposal, etc.).

**Respond to all items if you are required to complete Section 6.**

**6. MACHINE SPECIFIC INFORMATION:**

**Make additional copies of this page for each drycleaning machine.** *If reporting more than one machine, identify each machine separately with an alphabetic character, beginning with the letter "a" (i.e., three machines would be indicated as Machine a, Machine b, Machine c).*

- (a) Indicate the number of drycleaning machines at this location: \_\_\_\_\_ Machine Model/Serial #: \_\_\_\_\_
- (b) Age of machine: \_\_\_\_\_ Date put into operation at this location: \_\_\_\_\_ Type of Solvent used: \_\_\_\_\_
- (c) Machine type [transfer, dry to dry vented, dry to dry non-vented, other (explain)]: \_\_\_\_\_
- (d) Have you upgraded existing equipment or repaired the equipment within the past year? (Yes/No) If yes, be specific. Indicate the date, the type of upgrade/repair and the supplier that completed the upgrade or repair. *(If more space is needed, attach a separate page.)* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (e) How is the solvent obtained? \_\_\_\_\_closed loop/direct-coupled, \_\_\_\_\_Pumped from truck, \_\_\_\_\_5 gal. container, \_\_\_\_\_55 gal. drum, or other (explain) \_\_\_\_\_
- (f) Machine load capacity (lb.): \_\_\_\_\_ Average pounds processed per load: \_\_\_\_\_
- (g) The quantity (amount) of solvent maintained in the machine: \_\_\_\_\_
- (h) Average number of loads processed by this machine each day of operation: \_\_\_\_\_
- (i) Indicate below how the wastes you generate are being disposed/handled by placing "✓" in the space provided for each method that applies. Indicate any additional wastes that are generated which may contain drycleaning solvent. If wastes are handled by a hazardous waste disposal company, indicate the name of the company in the space provided.

<u>Waste</u>	<u>Sanitary Sewer</u>	<u>Septic Tank</u>	<u>Dumpster</u>	<u>Hazardous Waste Disposal Firm</u>	<u>Other (Explain)</u>
Sludges	_____	_____	_____	_____	_____
Still bottoms	_____	_____	_____	_____	_____
Filters	_____	_____	_____	_____	_____
Lint	_____	_____	_____	_____	_____
Dust	_____	_____	_____	_____	_____
Condensate waters	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

- (j) Is there a containment area around the machine? (Yes/No) If yes, indicate the capacity and the construction material of the containment area. \_\_\_\_\_